

ODYSSEY HOUSE

I, _____, hereby authorize Flint Odyssey House Inc. and/or its representatives to contact me directly or contact me through persons listed below for the purpose of collecting follow-up information. I understand the persons listed below will only be contacted to find my whereabouts and that all information will be collected directly from me. These are the persons that may be contacted.

_____ Name	_____ Name	_____ Name
_____ Relationship to me	_____ Relationship to me	_____ Relationship to me
_____ Address	_____ Address	_____ Address
_____ City/State/Zip Code	_____ City/State/Zip Code	_____ City/State/Zip Code
_____ Phone/Cell Phone Number	_____ Phone/Cell Phone Number	_____ Phone/Cell Phone Number
_____ Name	_____ Name	_____ Name
_____ Relationship to me	_____ Relationship to me	_____ Relationship to me
_____ Address	_____ Address	_____ Address
_____ City/State/Zip Code	_____ City/State/Zip Code	_____ City/State/Zip Code
_____ Phone/Cell Phone Number	_____ Phone/Cell Phone Number	_____ Phone/Cell Phone Number
_____ Name	_____ Name	_____ Name
_____ Relationship to me	_____ Relationship to me	_____ Relationship to me
_____ Address	_____ Address	_____ Address
_____ City/State/Zip Code	_____ City/State/Zip Code	_____ City/State/Zip Code
_____ Phone/Cell Phone Number	_____ Phone/Cell Phone Number	_____ Phone/Cell Phone Number

I understand that the above persons will be confirmed during my stay at Flint Odyssey House and upon my discharge from the program. I further understand that this consent may be revoked at any time and shall no longer than is reasonably necessary to accomplish the purpose for which it is given.

Signature

Date

Staff Signature

Date